

**REQUEST FOR PERMIT RESEARCH
PLACER COUNTY BUILDING DEPARTMENT**

CALL (530) 886-3013 FAX (530) 886-3058

11424 "B" AVENUE, AUBURN, CA 95603 - (530) 886-3010

PERMITS CANNOT BE RESEARCHED WITHOUT THE ASSESSOR'S PARCEL NUMBER AND/OR AN ADDRESS.

APN NUMBER:			
PARCEL ADDRESS:			
MOBILEHOME <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, APPROXIMATE YEAR	
COPIES REQUESTED?*: <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> PERMIT	<input type="checkbox"/> PLOT PLAN (LOCATION OF SEPTIC)	<input type="checkbox"/> ROUTE SHEET	<input type="checkbox"/> EVERYTHING <input type="checkbox"/> OTHER
REMARKS:			
*COPY FEE IS \$.50 FOR FIRST PAGE OF EACH DOCUMENT AND \$.25 FOR EACH REMAINING PAGE.			
<input type="checkbox"/> I DO NOT NEED A COPY BUT WOULD LIKE TO KNOW:			
<input type="checkbox"/> NAME OF BUILDER/CONTRACTOR <input type="checkbox"/> SEPTIC/LEACH (SIZE) <input type="checkbox"/> SQUARE FOOTAGE <input type="checkbox"/> DATE OF FINAL			
OTHER:			
CALLER'S NAME:			
MAILING ADDRESS:			
PHONE NUMBER(S):			
CHECK ONE:			
<input type="checkbox"/> MAIL INFORMATION/COPIES			
<input type="checkbox"/> CONTACT TO PICK UP			
* * * * * BUILDING DEPARTMENT USE ONLY * * * * *			
PERMIT NUMBER		DATE	TYPE OF WORK
PERMIT NUMBER		DATE	TYPE OF WORK
PERMIT NUMBER		DATE	TYPE OF WORK
PERMIT NUMBER		DATE	TYPE OF WORK
PERMIT NUMBER		DATE	TYPE OF WORK
RESEARCHED BY/DATE		NOTIFIED BY & DATE	DATE MAILED
FEE \$	RECEIPT #	INITIAL	DATE
RECEIVED BY:		DATE:	